

UNITED STATES DISTRICT COURT

for the

Eastern District of TENNESSEE

Eastern Division

Case No.

(to be filled in by the Clerk's Office)

Cyrus R Whitson AKA Cookie

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Willie Buty
Raymond Faber
Adriana Swallow
Michael Reitz

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

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I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Cyrus R. Whitson

All other names by which you have been known:

Cookie Whitson

ID Number

237655

Current Institution

Northeast Correctional Complex

Address

5249 Highway 67 West

Mountain City Tenn 37683

City

State

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Adriana Swallow

Job or Title (*if known*)

Aramark Food Director

Shield Number

N/A

Employer

Northeast Correctional Complex

Address

5249 Highway 67 West

Mountain City Tenn 37683

City

State

Zip Code

☒ Individual capacity

☒ Official capacity

Defendant No. 2

Name

Michael Reitz

Job or Title (*if known*)

Aramark Kitchen Manger

Shield Number

N/A

Employer

Northeast Correctional Complex

Address

5249 Highway 67 West

Mountain City Tenn 37683

City

State

Zip Code

☒ Individual capacity

☒ Official capacity

Defendant No. 3

Name

Willie DUTY

Job or Title (if known)

Health Service Administrator

Shield Number

N/A

Employer

Tennessee Department of Corrections

Address

5249 Highway 67 West

Mountain City

City

Tenn

State

37683

Zip Code



Individual capacity



Official capacity

Defendant No. 4

Name

Raymond S. Faber

Job or Title (if known)

Doctor

Shield Number

N/A

Employer

Northeast Correctional Complex

Address

5249 Highway 67 West

Mountain City

City

Tenn

State

37683

Zip Code



Individual capacity



Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C.

DELiberately Indifferent To a Serious Medical NEED, / failing to protect me from assault by another INMATE. / Equal Protection Rights vio.

Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

See Statement of Claim / Facts Sheet attached

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Northeast Correctional Complex on 8-8-2024

STATEMENT of Claim / Facts

On July 24th 2018 i was Diagnos with Gender identity Disorder and, put on HORMONE THERAPY Meds. for From, male to Female Hormone Meds. in May, 5-18-24 i was Took off my Hormone meds without any Notice and was or has NOT BEEN Treated With any other Type of Hormone Treatment. Due To me Beening Took off my Hormone meds, Has cost me to Get assaulted By another inmate By Having my face punched, slammed to the Floor Stomped in my face, and other parts of my Body. Face, Neck, Breasts, shoulders, Hips, punched in Both my eyes Black and Right Eye Busted above left eye cut inside, photos was Took of my face. assault was caught ON Camera ON 8/8/24 Time 1:27 PM. By me Beening Took of my Meds that Kept me Calm lead me to talking aggressive to a Inmate after him Calling me Names and i called him Back Names and he Tried to Kill me, i was Took off my meds cause i Refused to go to Special Needs for a appointment for my Heart. in Sept. 28th 2023 i was Took off my Hormone meds By my Heart doctor in Johnson City. He wanted me to have a M.R.I. went for the M.R.I in Feb 12th 2024. i Refused the M.R.I Due To Buckshots in my legs and Had Very Bad Diarrhea, in April 2024. i saw Dr. AWO Sanya via. Telemedicine and she put me Back ON my ESTrogen patches, Starting March frist, 2024. in May 2024 i went to medical for Heartburn and i saw Dr. Faber and he said i was fine and put me ON MINTOX Plus For Heartburns. 3 days later i was Called to medical and Told to Bring all my K.O.P meds (Keep on Person) and there nurse Campbell Took my ESTrogen patches and was Told i could NOT Have them Back Because in April 24 i Refused to go to Special Needs. Beening off my Estrogen has caused Me to Suffer from Beening Beaten, P.T.S.D, Very Bad Pain in my Hip from Arthritis where i was Stomped, Shakes very Bad, Staff sit in the office while i was getting Beat and Stomped No Staff was ON the floor To watch us Inmates see grievance. I was Diagnos with a enlarged Heart ON Sept. 28th 2023, ON, 9-19-24 i was Diagnos with P.T.S.D ON 9-23-24 i was Diagnos with arthritis in my Hip I Had NO P.T.S.D or arthritis, or none of this pain until i was Stomped and Beat. I am a Black Transgender female Staff Never called a Code To get me help after i Told them i was Beat and Stomped Saw medical ON 8-9-24, the Next Day after i was Beat and Stomped Medical Saw me, How i was Beat and Never gave me anything for pain. and me Telling them i was Beat and Stomped and i went in and out of consciousness Each Time i was Hit and Stomped X RAYS was DONE ON 8-14-24, of Face, Hip, Neck, None of arm

I. The Parties to This Complaint

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Name Defendant(s)
Job Title
Shield Number
Employer

Jodie Farmer

Supervisor
N/A

T.D.O.C. N.E.C.X

5249 Highway 67 West

Mountain City

Tenn.

37683

Zip Code

☒ Individual Capacity

☒ Official Capacity

The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 6

Name
Job or Title (if known)
Shield Number
Employer
Address

T. Miller

Correctional Officer

N/A

T.D.O.C. N.E.C.X

5249 Highway 67 West

Mountain City

Tenn.

37683

Zip Code

☒ Individual Capacity

☒ Official Capacity

Defendant No. 7

Name
Job or Title (if known)
Shield Number
Employer
Address

OTT

Aramark Food Supervisor

N/A

T.D.O.C. N.E.C.X

5249 Highway 67 West

Mountain City

Tenn.

37683

Zip Code

☒ Individual Capacity

☒ Official Capacity

Defendant #

8.

☒ IND. CAP.

☒ Official Cap.

J. Cook

Aramark Food Supervisor

N/A

5249 Highway 67 West

Mountain City Tenn. 37683

C. What date and approximate time did the events giving rise to your claim(s) occur?

8-8-2024 1:27 PM

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was Took of my Hormone meds. 5-18-2024 and it lead to me Becing very aggressive Toward People and I ended up getting assaulted. Cause i Refuse To give a inmate oral sex

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I was stomped in my Face my eyes was Both Black and a Half Inch. cut above my Right Eye and left eye has some kind of Damage. Vission is Blure. Diagnos with P.T.S.D/arthritiss in my hip. Right arm cant move it without Bad pain. Bad Headachs. I got no treatment For the assault on 8/8/2024 or 8-9-2024. EX Rays was Done on 9/23/i was Diagnos with P.T.S.D. On 9/23/2024 was diagnos with arthritis and gave meds Mobic and Prednisone did NOT Help None of my Pain

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I want my Kitchen Job Back That i worked For 4 years. and 25,000.00 from each Defendant thats Named in this Complaint and Policy change To where Staff will Watch Closer for transgender women in work place's

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Northeast Correctional Complex

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

N/A

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Northeast Correctional Complex

2. What did you claim in your grievance?

Gender Discrimination cause i was fired after i was assaulted by the inmate and he was still allowed to work

3. What was the result, if any?

on 8-14-2024 the inmate was wrote up and charged with a assault and Recived 10 day in the Hole. No Hate Crime or outside charges was placed on him

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I Appealed To the T.D.C. Commissioner of prisons

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

did file Grievance

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

did file Grievance

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Attached To this Complaint is 3 Grievance

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☒ Yes

☐ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

CASE # 2:14CV2696

Six Circuit Court Judge Thomas Parker 8th Day of March 2019

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

N/A

Defendant(s)

N/A

2. Court (if federal court, name the district; if state court, name the county and State)

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition.

3rd day of March 2019

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

With Prejudice and (without prejudice malpractice)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

Defendant(s)

N/A

2. Court (if federal court, name the district; if state court, name the county and State)

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition

N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10/12/2024

Signature of Plaintiff

Cyrus R. Whitson AKA Cookie

Printed Name of Plaintiff

Cyrus Whitson AKA Cookie

Prison Identification #

237655

Prison Address

5249 Highway 67 West
Mountain City Tenn. 37693
City State Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address